

432 MOTION FOR THE ADJOURNMENT OF THE BUSINESS OF THE HOUSE
TO DISCUSS THE RIGOROUS COLLECTION OF LAND REVENUE
IN THE TANJORE DISTRICT

[6th February 1925

* "Mr. G. RAMESWARA RAO.—"It is extremely deplorable that the Government are dealing with their ryots in this most imperfect and tardy fashion. I may instance the fate of Tadpatri taluk. I have been receiving complaints after complaints that the crops there are very bad and that the people are not able to pay their assessment. I request the hon. the Revenue Member to look into the matter carefully and appoint a special officer to see that the ryots are not unjustly damned. I may specially tell him that the black cotton soil is going to rack and ruin and that no cotton is likely to be harvested by the ryot. When that is the case and when the only crop is being devastated, it is rather hard to insist on a pound of flesh and collect the assessment of last year. It is also rather hard to collect takkavi loans this year. Previous investigations and final decisions are more necessary than preliminary collection and final remissions if the Government so choose."

The adjournment motion was put and carried.

The House then adjourned to meet again at 11 a.m. the next day.

R. V. KRISHNA AYYAR,
Secretary to the Legislative Council



APPENDIX I.

[Vide answer to question No. 167 asked by Mr. R. Srinivasa Ayyangar at the meeting of the Legislative Council held on the 6th February 1925, page 364 supra]

G.O. No. 1186, P.H., dated 16th July 1928.

READ—the following papers:—

I

Letter from R. F. B. L. GUPPY, Esq., I.C.S., Acting Collector of South Arcot, to the Secretary to Government, Local and Municipal Department, dated Cuddalore, the 3rd March 1921, R.O.C. No. 113-21/B-4.

I refer to G.O. Mis. No. 1625 L., dated the 30th October 1917.

2. Estimate for anti-malarial measures at Vriddhachalam given in enclosures to the above Government Order amount to—

		RS.	A.	P.
Initial cost	...	7,500	0	0
Annual cost	...	840	0	0

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3. My estimate based on more detailed information is as follows:—
Initial cost—

	RS.	A.	P]
Cost of acquiring 50 acres land	22,000	0	0
Clearing jungle—Rs. 20 per acre	1,000	0	0
Forming channels	250	0	0
Planting seedlings	500	0	0
Fencing and contingencies	1,250	0	0
	25,000	0	0

Annual cost—

Supervision	240	0	0
Labour and repairs to fence	660	0	0
	900	0	0

4. Even the above is in my opinion an under-estimate. The scheme is to make a plantation 50 acres in extent under public supervision. Experience shows that this will not work. Public agriculture is not usually successful.

5. The valuation statement for acquisition is now before me. It amounts to Rs. 21,812-8-3 and probably the Land Acquisition officer will have to exceed this figure.

6. The Assistant Surgeon now stationed at Vriddhachalam says that malaria is not prevalent. I have considerable personal acquaintance with malaria and am convinced that malaria in Vriddhachalam is rare and sporadic. Only a very restricted locality is really within the radius of infection. Outside this area occasional cases occur. A thoroughly insanitary drinking water tank is responsible for much sickness mistaken for malaria.

7. In these circumstances, I solicit orders whether Government will allot a further sum of Rs. 14,500 in order to enable the land acquisition to proceed.

II

Memorandum No. 4634-1, P.H., dated 6th April 1921.

Referred to the Surgeon-General (Sanitary) for remarks.

(By order)

B. RAMA RAU,
Under Secretary to Government.

To the Surgeon-General (Sanitary).

III

Letter from Lieut.-Col. T. H. SYMONS, O.B.E., I.M.S., Acting Surgeon-General with the Government of Madras (Sanitary), to the Secretary to Government, Local Self-Government (Public Health) Department, dated 17th May 1921, D. No. 1131-S.

In returning the South Arcot Collector's letter No. 113-21/B-4, dated 3rd March 1921, received with Memorandum No. 4634-1, P.H., dated the 6th April 1921, I have the honour to forward for the information of Government the accompanying report of the Deputy Sanitary Commissioner, Central Range, on the prevalence of malaria in Vriddhachalam town and to state as follows.

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2. From the Deputy Sanitary Commissioner's report, it is evident that malaria is prevalent in Pudupet and in the town area north of the temple, while the main part of the town is more or less free. In the light of the information given by the Deputy Sanitary Commissioner the marsh must be the source of the malaria and malaria will be endemic in the neighbourhood so long as the marsh is undrained. Whilst probably Pudupet could be completely evacuated without much inconvenience, it is for the Sanitary Engineer in consultation with the local authorities to decide what measures should be taken to protect the inhabitants in the area of the town north of the temple.

ENCLOSURE

Letter from Dr. S. JESUDOSS, B.A., M.B.C.M., D.P.H. (Cantab.), F.R.C.S.E., Deputy Sanitary Commissioner, Central Range, to the Sanitary Commissioner, Memo. No. 1662-C., dated Madras, the 3rd May 1921.

With reference to your U.O. Memo. No. 3263-1/S., dated 20th April 1921, I have the honour to state that I visited Vriddhachalam on 23rd ultimo and investigated into the present state of malaria in the town and submit the following report.

2. With reference to the prevalence of malaria, the town is roughly divisible into three areas:

(1) Pudupet and its neighbourhood on the north bank of the river, where the fever is reported to be much prevalent;

(2) the two rows of houses in Vriddhachalam proper on the south bank of the river and to the north of the big temple, including Ramachandrapet, where the fever is said to be also bad though to a lesser degree; and

(3) the rest of the town lying south of the temple, including the West Cotta Street and styled the 'interior' where fever is not reported to any noticeable degree.

3. The spleen index for each area was tried separately with the following results:—

Spleen Index.

Area.	Number of children inspected.	Nil.	I.	II.	III.	IV.	V.	Total Spleens.	Per cent.
1. Pudupet	28	12	3	3	4	3	3	16	57
2. North of temple	26	12	5	2	5	2	0	14	53
3. Interior	117	106	3	3	1	1	3	11	9

Nil—No enlargement; I—Costal margin or 1 finger; II—2 fingers; III—3 fingers; IV—To umbilicus; V—Beyond umbilicus.

4. Examination of peripheral blood in a few random cases gave the following results:—

—	Number of films examined.	Number infected.	Benign tertian.	Malignant tertian.
Pudupet	6	4	3	1
North of temple	4	Nil.
Interior	22	Nil.

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5. What is called Pudupet now consists of about forty houses or rather mud huts, mostly Muhammadan, being the remnants of the settlers who moved out of the adjacent old Pudupet area, which is now the marsh. These huts are very close to the marsh, which has been reported by the Special Malaria Officer to be the main breeding ground of anopheles.

I made a house-to-house inspection of almost every house in this area and in almost every house there was a case of enlarged spleen either of a child or of an adult and a good number were either suffering from fever at my visit or gave a history of frequent attacks of fever and ague; and as shown above in paragraphs 3 and 4, this area is the worst infected portion in Vriddhachalam.

6. Of the main town, the portion lying north of the temple, which is reported to be partially infected showed a spleen index not very far below that of Pudupet, although no malarial parasites were detected in the few blood films that were examined. The houses in this area are almost abandoned as the locality had gained a bad reputation during the past years owing to frequent attacks of fever.

7. Throughout the rest of the town, commencing from the South Cotta Street and including the West Cotta Street, a few cases of splenic enlargement were noticed, but no malarial parasite was found in the twenty-two films examined, though I saw here and there a few fever patients among the newcomers to the town and heard of frequent attacks of ague and fever generally.

8. *Conclusions.*—(1) Malaria in Vriddhachalam is very badly prevalent in what is called the present Pudupet area, on which account the inhabitants of this area are being gradually and steadily reduced in number.

(2) The block of houses situated to the north of the temple is within the zone of infection on which account the houses are being steadily abandoned.

(3) The rest of the town for the present may be considered to be generally outside the radius of infection.

(4) The main source of infection is the marsh adjacent to the present Pudupet area, being the main breeding ground of mosquitoes and where malaria may be said to be endemic.

(5) The condition of the marsh remains the same as has been reported by the Special Malaria Officer and the Sanitary Engineer and on that account an epidemic of malaria may break out at any time.

(6) The marsh must be thoroughly drained and necessary measures therefor will have to be undertaken. But whether a less expensive measure than the one now contemplated could not effect this is a question worth some consideration.

9. The inhabitants of Pudupet are willing to move out of the present locality and to settle down on a healthier site such as beyond the taluk office on the Cuddalore road. This must receive due and early consideration.

10. This report could not be submitted earlier as the report from King Institute on the films was not received till to-day.

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IV

Memorandum No. 17093-3, P.H., dated 6th February 1923.

The reports from the Director of Public Health and the Inspector of Local Boards and Municipal Councils read above are communicated to the Collector of South Arcot for very early remarks.

(By order)

B. RAMA RAO,
Under Secretary to Government.

To the Collector of South Arcot.

V

Letter from P. C. Dutt, Esq., I.C.S., Collector of South Arcot, to the Secretary to Government, Local Self-Government Department, dated Cuddalore, the 5th March 1923, R. Dis. No. B-4-113-21.

[Reference :—Government Memorandum No. 17093-3, P.H., dated the 6th February 1923.]

I inspected Pudupet and the streets on the opposite side of the river, Barber's kuttai, etc. I agree with the Special Officer that it is unnecessary to acquire Pudupet. An experienced anti-malarial officer may be sent and he may indicate what lands in Pudupet should be acquired for channels to drain off water. I cannot say whether it is necessary to acquire even the wet fields in Pudupet by the side of the river. If the malarial officer thinks their acquisition necessary, he will no doubt report so. In the meantime I can find out how much their acquisition would cost.

As regards the extension of the town towards the taluk office, a beginning may be made by building quarters for the Tabsildar, Sub-Magistrate and the clerks of the taluk office. If the Public Works Department has finally condemned the District Munsif's court building, a new building may be built near the taluk office as also quarters for the Munsif. Similarly, the present hospital, which is said to be in hopeless disrepair, may be condemned and a new one built in the extension site with quarters for the Assistant Surgeon also. As regards the school, the children will have to come a long distance if the proposed secondary school is built near the taluk office till a new town actually grows up in its vicinity. If the above buildings are erected, the town will expand in this direction. At this stage it seems unnecessary to do anything more in the way of town-planning.

Order—No. 1186, P.H., dated 16th July 1923.

The Government have had under their consideration for some time past the question of eradicating malaria in Vriddhachalam. The Surgeon-General, the Director of Public Health and the Inspector of Municipal Councils and Local Boards have, at the request of the Government, personally inspected the town and their reports are appended to this order. Their recommendations fall under two heads—

- (a) Anti-malarial operations in the existing town, and
- (b) Formation of a new town near the taluk office.

2. *Anti-malarial operations in the existing town.*—The Government agree with the Inspector that this work is more urgent and important than the planning of a new town and that it should have precedence. They agree that the acquisition of the whole of Pudupet marsh on the eastern side of the river running through the town is unnecessary and that it should be drained

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by means of channels leading into the river. An intensive anti-malarial campaign should be carried out in the town in addition to detailed investigation into the sources of infection.

3. The Government consider that a Sub-Assistant Surgeon trained in anti-malarial work should be employed if effective measures are to be carried out. The Surgeon-General is requested to place at the disposal of the District Board a Sub-Assistant Surgeon who has had experience of anti-malarial work. The Sub-Assistant Surgeon will work under the District Health Officer. He should make a detailed investigation, trace the sources of infection and find out what lands have to be acquired to drain the marsh area and for such anti-malarial operations as are absolutely necessary to eradicate malaria in the town. A report on these points should at a very early date be submitted to the Government by the officer through the Collector, the Director of Public Health and the Surgeon-General, on receipt of which the question of land acquisition will be considered. The Government consider that the works recommended by the Inspector and such other works as are found absolutely necessary as a result of the above investigation should be carried out under the supervision of an experienced anti-malarial officer and that a quarterly report on the progress of work done should be submitted to the Government.

4. The Government accept the recommendation of the Inspector that the grant of Rs. 11,400 given for the work, which was resumed by the Government, should be re-allotted. As however no specific provision has been made in the Civil Budget Estimate for the current year for this purpose, the grant will be met from the lump provision of Rs. 8 lakhs for grants for water-supply and drainage schemes under '33-B. Public Health'. The amount will be disbursed subject to the conditions—

- (1) that any excess over this sum is met entirely by the local boards concerned;
- (2) that the operations are carried out to the satisfaction of the Director of Public Health; and
- (3) that a certificate that the expenditure has been incurred and works executed properly accompanies the application for grants.

5. *Formation of a new town.*—The President of the South Arcot District Board is requested to consult the presidents of Vriddhachalam taluk and union boards and report whether they agree to the extension of the Madras Town-Planning Act, 1920, to Vriddhachalam union and its vicinity with a view to forming a new town and controlling its development.

(By order of Government, Ministry of Local Self-Government)

P. L. MOORE,
Acting Secretary to Government.

To the President, District Board, South Arcot (with a sketch).

“ Surgeon-General.
“ Director of Public Health.
“ Collector of South Arcot.
“ Director of Town-Planning.
“ Inspector of Municipal Councils and Local Boards.
“ President, Taluk Board, Vriddhachalam } through President, District
“ President, Union Board } Board, South Arcot,
“ Finance Department.

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APPENDIX.

(1)

Letter from Major A. J. H. RUSSELL, M.A., M.D., D.P.H., I.M.S., Sanitary Commissioner, to the Secretary to Government, Local Self-Government (Public Health) Department (through the Surgeon-General with the Government of Madras), dated 14th September 1921, D. No. 1972/S.

I have the honour to state that in company with the District Medical and Sanitary Officer, South Arcot, I visited Vriddhachalam and Pudupet on the 6th instant and went carefully into the question of rendering the malaria infected area healthy. Pudupet has been evacuated. The town, Pudupet in particular, is supposed to have been visited some 40 or 50 years ago by malaria. At the time some 300 deaths occurred amongst the Indians and they themselves eventually vacated the old village of Pudupet and are now living in some huts about 200 yards or more to the west of the old site. There can be no doubt that it is now badly infected and that the marsh comprised in the old Pudupet area is the focus of infection. Large numbers of larvæ were found in every pool. Action should therefore be directed first of all towards improving the marsh. I do not approve of the proposed acquisition of this area extending to as much as 50 acres. It would be, in my opinion, an unnecessary waste of money which could be put to much better use. The marshy area has a number of natural channels running to the river which are at present more or less blocked up. If these were opened up and properly levelled, much of the present stagnation would immediately disappear and the few remaining pools could easily be filled in with sand from the neighbouring river bed. The small area of wet paddy and the bit of land at present under cultivation should be abandoned at least for some time. The whole place is also covered with scrub jungle and overgrowth. This should be cleared in order to promote evaporation.

2. In Nattukkottai Chatram, south of the temple there are three wells, one on the east, one on the west and one in the garden. The western well which is not used and the garden well should be filled in. The eastern well which is in use should be covered over and provided with a pump. Within the temple itself the disused square step well at the eastern end should be filled in.

3. Whilst the unhealthy area may thus be rendered healthy, it is of importance that the inhabitants now infected with malaria should also be rid of infection. This can only be effected by regular and systematic quininization of the entire population. No doubt this will be a difficult matter in face of the local prejudice against quinine; but the effort should be made. The Assistant Surgeon stationed in the town might do a great deal in this respect.

4. I might add that the Tahsildar of Vriddhachalam informed me that he has acquired an extensive area of high ground opposite the taluk office and adjoining the travellers' bungalow without any cost to Government and suggests that quarters be built in this locality for the clerks and peons of the taluk and sub-magistrate's offices. I inspected this area which is at present under dry crops. It is well drained, and I believe water-supply from wells is feasible. The proposal is, therefore, in my opinion, a sound one, and I would commend it to the favourable consideration of Government. It is not proposed to provide these establishments with rent-free quarters. The cost

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will represent capital outlay which could be recovered in rent. The formation of a colony there might later induce other residents to move out in this direction and this would be of advantage, as the area is in all respects suitable for a town extension.

Endorsement No. 95-M/T. 355, dated 16th September 1921.

Forwarded. I have personally inspected the town and agree with the remarks of the Director of Public Health.

T. H. SYMONS, Lieut.-Col., I.M.S.,
Offg. Surgeon-General with the Government of Madras.

(2)

*Report of the Inspector of Municipal Councils and Local Boards,
dated 15th October 1922.*

I have inspected the town with the President, District Board, President, Taluk Board, District Board Engineer, Tahsildar and the Local Assistant Surgeon.

2. As regards liability to malaria infection, while the Pudupet marsh might be the main breeding ground, I am by no means satisfied that the rest of the town (i.e., the portion other than Pudupet and the two rows of houses north of the temple) is practically outside the radius of infection. The present Assistant Surgeon tells me that at the present moment—i.e., since the rains began—there is not a single house in any part of the town which has not got at least one malaria patient. I find stagnant pools all over the town and between the backyards of every two rows of houses. The Barber's kuttai is for instance a typical filthy spot of this kind. Malaria is bound to go down considerably in the town if the general sanitation of the town is more efficiently attended to and these pools are filled up. I feel sceptical as to whether the draining of the marsh on the eastern side of the river or planting up the area with coconut trees—as a matter of fact a considerable portion of the area on both sides of the Ulundurpet road has, since these proposals were started, been so planted up—will have any material effect in diminishing malaria infection on the opposite side of the river. For producing the latter result, it is necessary that an intensive anti-malarial campaign should be carried on in that area, filling in pools, decimating malarial mosquitoes, etc.

3. As regards the Pudupet area, I agree entirely with the Director of Public Health. Wholesale acquisition is unnecessary. The marsh should be drained into the river by means of channels which will lead the subsoil water thereto. If such springs are of the nature of pouches as stated by the Deputy Sanitary Engineer, they should be connected by channels and led into the river. There is not much likelihood of people living in the few houses that still stand in Pudupet nor are any new buildings likely to crop up there so long as malarial infection continues. As a matter of fact, there are hardly any living in this marshy area now; most of those who were living there formerly have built or purchased houses in the town and moved in there.

4. As regards the two rows of houses north of the temple, most of the houses are practically empty and it is admitted on all hands that it is not safe to sleep even for a single night in the well-built and well-maintained

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Nattukottai choultry in the street north of the temple. It is, however, impossible to prevent this area being used. It is in the immediate vicinity of the big and popular temple and provisions for the temple have to pass through the street. People will use houses in the street at least during festival occasions. The proper policy is to make a local detailed investigation, trace the sources of infection and move the opportunities which apparently exist for the breeding of malarial mosquitoes.

5. For the purpose of carrying out these intensive anti-malarial measures, an officer has to be deputed with the necessary menial staff and equipment. His function should be not merely to make reports but to carry out works (including the draining of the marsh), submit progress reports, watch the effect on malarial infection of his own work. The town is a small one and a certificated Sanitary Inspector (having if possible a sub-overseer's qualifications in addition) will probably do for this work. He should, however, work under the guidance of a responsible officer who can be trusted to advise him on such matters. The proper officer for guiding him will of course be the District Health Officer when he comes. But in the meantime the local Assistant Surgeon—who has been a temporary I.M.S. and seen military service—will do quite well. The Sanitary Inspector should be employed for at least six months. He should have a peon and should under the orders of the Assistant Surgeon or District Health Officer employ as much labour each day as is necessary for doing the work ready for execution that day.

6. I estimate the total expenditure roughly as follows :—

	Rs.
(1) Sanitary Inspector for six months with one peon, contingencies, etc.	720
(2) Works	12,000
Total ...	<u>12,720</u>

7. As regards the financing of this amount, I think the Government might reallot the whole of the amounts surrendered on account of—

	Rs.
(a) The improvement of the marsh area	7,500
(b) The filling up of Barber's kuttai	3,900

[N.B.—The estimate for the latter is now ready for execution.]

Total ... 11,400

8. The balance should be found, I think, by the union board of Vriddhachalam. The amount (Rs. 1,320) is small and the union board can spread the expenditure over this year and the next. If the union board cannot find the money, the taluk or district board should go to its help.

9. The President, District Board, and President, Taluk Board, agree to this suggestion of mine and, in view of the time that has already been spent on discussing what should be done, it seems to me that the sooner this staff is appointed and starts work the better.

10. As regards the proposed new town near the taluk office, a few facts have to be remembered. The whole town (old) should be held to be subject to malaria infection now. The temple is an ancient one, attracts crowds of pilgrims, and is well endowed. It is hopeless to expect the whole town or

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any portion of it which is round the temple to be thoroughly evacuated in the near future. Valuable buildings have been constructed in the other parts of the town and it would be too much to expect the owners to do anything which would make them lose these assets and put themselves to the expense of building other houses though in a healthier locality. The President, Taluk Board, rightly points out that, unless two conditions are satisfied, there is not much likelihood of their moving from their present dwellings, the two conditions being—

- (i) that sites in the new town should be given free, and
- (ii) money should be advanced for building either through the organization of a co-operative building society or otherwise.

11. The taluk office was completed in 1909 but not a single dwelling house has been constructed in the neighbourhood. It is unlikely that Government will be able to find money for constructing quarters for clerks—especially as it is doubtful if the investment will pay. The Munsif's Court is far away on the Salem road on the other side of the town and it and the temple serve to prevent migration towards the taluk office side.

12. I agree that fresh buildings should be encouraged on the taluk office side if possible and if this is to be done the following measures seem to me to be absolutely essential :—

(i) The Munsif's Court should be shifted to a place near the taluk office. The present Munsif's Court building has, I understand, been condemned, though I am told that it has been certified to be capable of lasting for a few years more and on this ground expenditure on extensions is being incurred.

(ii) Quarters for the District Munsif and Tahsildars should be constructed on the new area. This investment can be made to pay.

(iii) The present hospital which is in hopeless disrepair was condemned long ago. The new hospital should be shifted to the extension site and quarters for the assistant surgeon also built there.

(iv) The President, District Board, is on the look-out for a site for the secondary school. I would advise him to locate it and the hostel to be attached thereto on the new site for extension.

(v) I would attract builders and dwellers by assigning, free of any initial payment, sites for

- (a) a temple,
- (b) a mosque,
- (c) shops,
- (d) a club and reading room.

13. If the policy outlined above is accepted and acted on, I have no doubt that the now extinct Pudupet will be revived in a decade but without the danger of malaria infection.

14. Negotiations are in progress for acquiring 23 acres * and odd of dry land opposite to the taluk office and by the side of the travellers' bungalow—for forming a new extension to be called Guppypet. No compensation is proposed to be paid as the Collector intends to grant to the owners land in exchange which is now at the disposal of Government. If sites have to be provided for public buildings as proposed above and if the new town is to be laid out on healthy lines, it is necessary that an additional extent of at least 30 acres is taken up contiguous to the area now being arranged for. Any

* See Tahsildar's sketch and list attached.

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amount of dry land costing not more than Rs. 300 per acre is available here and I would advise the taluk board to take as much extent as possible. The Tahsildar thinks that, if the Collector has no objection, the additional 30 acres can also be taken up by giving lands in exchange and without paying any cash compensation. But even if cash has to be paid, a town-planning scheme can be worked up so as to pay its way in the long run. The whole of the area should be laid out in a healthy way and in accordance with the wishes of intending settlers. About 15 acres should be reserved entirely for the poor who should be attracted to the site by arrangements free of any initial payment and subject only to a nominal ground-rent of Rs. 12-8-0 per acre. The rest of the area may be disposed of subject to proper ground-rent and payment of an initial premium fixed beforehand or ascertained by means of an auction.

15. If Government accept the above recommendations, the local board should be consulted, the Town-Planning Act extended to the Vriddhachalam union area and its vicinity, and if necessary, a notification under section 12 of that Act issued with a view to expedite matter. There is really however no need for hurry.

16. Between intensive anti-malarial operations in the existing town and the formation of a new town near the taluk office, I think the more urgent and important is the first. I would therefore ask the Collector to drop for the present the original proposal to acquire the whole of the marsh and suggest to the District Board to appoint the special Sanitary Inspector and staff recommended in paragraph 5 above, provided that the Government are prepared to reallocate the Rs. 11,400 they have resumed. I have told the President, District Board, and President, Taluk Board, that, even if reallocated, this grant will be paid only after the expenditure is incurred and they are prepared to submit to it. If money is not immediately available for making this grant, it will be sufficient if a promise is made that it will be paid in the beginning of next year on condition that expenditure has been incurred by them to the satisfaction of the Director of Public Health.

APPENDIX II.

[Vide answer to question No. 170 asked by Mr. J. A. Saldanha at the meeting of the Legislative Council held on the 6th February 1925, page 367 supra.]

G.O. Mis. No. 1806, P.H., dated 8th December 1924.

READ—the following paper:—

Letter from the Surgeon-General, Ref. No. 1236-5-G1., dated the 7th November 1924.

With a view to improving the present Government Women and Children Hospital at Mangalore which is sadly in need of improvements and in view of the fact that there is no likelihood of a new combined hospital for Mangalore eventuating in the near future, it has been proposed by me during my visit to Mangalore during last May that the separate Police Hospital at Mangalore be abolished, that a suitable ward be added to the Headquarter Hospital to accommodate police patients, and that the present Police Hospital which is separated from the Women and Children Hospital only by a